

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-035436**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 70

Primary Registration District No. 4124

Registrar's No. 54

**FILED SEP 25 1963**

1. PLACE OF DEATH

a. COUNTY

Clark

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kahoka

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Clark

c. CITY OR TOWN Kahoka

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Mitchel Rest Home

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Alex

M.

Gordon

4. DATE OF DEATH

Month

Day

Year

Sept. 21, 1963

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-25-1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Scotland

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Gordon

13b. MOTHER'S MAIDEN NAME

Helen Mitchel

14. NAME OF HUSBAND OR WIFE

Mable Snyder Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

9490X

17. INFORMANT

Mr. Don Gordon, Hamilton, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral failure

INTERVAL BETWEEN ONSET AND DEATH

Immediate

DUE TO (b)

Decompensated acute cor pulmonale

12 hr.

DUE TO (c)

Lobar pneumonia

5 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Severe Atherosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10-6-61

to 9-20-63

and last saw him alive on 9-20-63

Death occurred at 9:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. L. Mitchell

22b. ADDRESS

Kahoka Mo

22c. DATE SIGNED

9-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept. 24, 1963

23c. NAME OF CEMETERY OR CREMATORY

Sunset Memorial Gardens

23d. LOCATION (City, town, or county)

Keokuk, Lee, Iowa

24. FUNERAL DIRECTOR

ADDRESS

D. L. Shaffer, Kahoka, Mo.

25. DATE RECD. BY LOCAL REG.

Sept 23, 1963

26. REGISTRAR'S SIGNATURE

[Signature]

SEP 27 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *D. Schaffer*

Licensed Embalmer No. 5063

P. O. Address Hahala, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.